
(Full Company Name)

SHARED TENANT SERVICES CARRIER

ANNUAL REPORT

TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For Period Ending December 31, _____

STS Annual Report of _____
for the year ended December 31, _____

1. State in full the exact '**certificated**' name of the Shared Tenant Services Carrier:
(Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

2. Effective date of certification by the MO Public Service Commission and
associated case number:

Date (e.g. 00/00/0000): _____ Case No: _____

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all
names and time periods involved since the original certification:

4. State the name, title, street address, telephone number, fax number, and e-mail address* of the
individual completing/verifying this Annual Report:

(*) To facilitate electronic sending of the Annual Report form next year.

5. State the name, title, street address, telephone number, fax number, and e-mail address of the
company's regulatory contact person(s):

6. Please provide a listing of all mergers, consolidations, and reorganizations, completed
during the last year.

7. Please provide the following information concerning Total Company and gross intrastate operating revenues (i.e., Missouri Specific) Revenues for the Calendar Year _____

Revenues:	Total Company	MO Specific
Operating Revenues* from Telecommunication Services		
MO Specific should match Statement of Revenue (FY-2005 Mo.PSC Assessment)		

8. Type of Missouri tax return filed (i.e. MO-1065, MO-1120A, MO-1120S, MO-NRP, MO-NRS etc.): _____

9. Missouri Taxpayer ID: _____

* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

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10. Please provide the following information for each shared tenant service location:

Name of Location:

Location Description:

Full Address:

Local Phone Company:

Operator Services Provider:

Number of Stations:

Is STS Offered in Multiple Buildings?
(Yes/No):

Name of Location:

Location Description:

Full Address:

Local Phone Company:

Operator Services Provider:

Number of Stations:

Is STS Offered in Multiple Buildings?
(Yes/No):

Name of Location:

Location Description:

Full Address:

Local Phone Company:

Operator Services Provider:

Number of Stations:

Is STS Offered in Multiple Buildings?
(Yes/No):

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11. In an effort to update our Electronic Filing & Information system (EFIS) with current company contact and address information please provide the following information. Either verify the information through EFIS and initial in space provided or complete each sub-type and the Data Center Staff will update as required.

a. Official Representative of the Company:

Information contained in EFIS is current: _____

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

b. Consumer Services:

Information contained in EFIS is current: _____

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

c. Individual to receive statement of revenue (assessment):

Information contained in EFIS is current: _____

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address (*): _____

(*) To facilitate electronic sending of the statement of revenue next year.

In addition provide specific contacts for areas (d. through n.) if applicable on the following pages. In lieu of additional contacts being provided, designate if a, b, or c, above should be identified as the contact.

d. Tariff:

Information contained in EFIS is current: _____

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

11. continued

e. CFO/Comptroller:

Information contained in EFIS is current: _____

initials

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

f. Technical:

Information contained in EFIS is current: _____

initials

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

g. Surveillance:

Information contained in EFIS is current: _____

initials

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

h. In-House Attorney:

Information contained in EFIS is current: _____

initials

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

i. Attorney:

Information contained in EFIS is current: _____

initials

Name: _____

Street/ PO Box: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

11. continued

j. Consultant:

*Information contained in EFIS
is current:* _____

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

initials

k. Other:

*Information contained in EFIS
is current:* _____

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

initials

l. Regulatory:

*Information contained in EFIS
is current:* _____

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

initials

m. Area Contact Entry:

*Information contained in EFIS
is current:* _____

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

initials

n. Carrier Billing Relations:

*Information contained in EFIS
is current:* _____

Name: _____
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

initials

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VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State Of _____
County Of _____ } ss:

_____ makes oath and says that
(Insert here the name of the affiant)

s/he is _____
(Insert here the official title of the affiant)

of _____
(Insert here the exact legal title or name of the respondent)

that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

_____, _____, to and including _____, _____

(Signature of affiant)

Subscribed and sworn before me, a _____ in and for the
State and county above named, this _____ day of _____, 20

My Commission expires _____, 20

(Signature of officer authorized to administer oaths)

Missouri Revised Statutes § 392.210

Original must be mailed to:
Manager of the Data Center
MoPSC, 200 Madison Street, Suite 100
P.O. Box 360, Jefferson City, MO 65102-0360